

Billing Code: 4163-18-P

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Cooperative Agreement with the

Joint United Nations Programme on HIV/AIDS (UNAIDS)

Through the

World Health Organization (WHO) as Bona Fide Agent

Announcement Type: New

Funding Opportunity Number: 05033

Catalog of Federal Domestic Assistance Number: 93.067

Key Dates:

Application Deadline: September 2, 2005

I. Funding Opportunity Description

Authority: This program is authorized under Sections 301(a), 307 and 317(k)(2) of the Public Health Service Act [42 U.S.C. Sections 241(a), 2421 and 247b(k)(2)], as amended, and under Public Law 108-25 (United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601].

Background:

The Global AIDS Program (GAP) of the U.S. Department of Health and Human Services (HHS) instituted a cooperative agreement with the Joint United Nations (UN) Programme on HIV/AIDS (UNAIDS) in FY 2000. This agreement reached completion on June 30, 2005. The purpose of this Agreement was to encourage field-based technical collaboration between HHS and its agencies, particularly the Centers for Disease Control and Prevention (CDC) and UNAIDS in priority countries and regions around the world. The focus of activities has been HIV/AIDS prevention, care and treatment, and capacity building. The specific technical areas of collaboration varied by country and activity, using HHS technical priorities as the overarching guidelines for collaboration.

UNAIDS is the multi-agency HIV/AIDS program of the United Nations (UN). Inaugurated in 1996, UNAIDS is jointly co-sponsored by the following UN agencies: UN High Commission for Refugees (UNHCR); UN Children's Fund (UNICEF); World Food Programme (WFP); UN Development Programme (UNDP); UN Population Fund (UNFPA); UN Office on Drugs and Crime (UNODC); International Labor Organization (ILO); UN Educational, Scientific and Cultural Organization (UNESCO); World Health Organization (WHO) and the International Bank

for Reconstruction and Development (IBRD, or World Bank). UNAIDS is considered to be the eminent global forum for multilateral partnership and action related to HIV/AIDS. There is no other such organization with the same mandate, authority or scope of responsibility.

Following a highly successful collaboration through the first cooperative agreement, HHS and UNAIDS wish to modify the scope and direction of its collaboration for the next four years under this new program announcement, as part of the President's Emergency Plan for AIDS Relief. Changes in the nature and direction of the global response to HIV/AIDS have encouraged these two programs to develop a new agreement that has greater clarity in its scope and its procedures.

In May 2001, President Bush announced the founding donation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, in a ceremony in the White House Rose Garden attended by United Nations Secretary-General Kofi Annan and Nigerian President Olesgun Obasanjo. The Global Fund to Fight AIDS, Tuberculosis and Malaria has dramatically increased resources to fight three of the world's most devastating

diseases, and directs those resources to areas of greatest need. As a partnership between governments, civil society, the private sector and affected communities, the Global Fund represents an innovative approach to international health financing. The Global Fund Board only finances programs when it is assured that its assistance does not replace or reduce other sources of funding, either those for the fight against AIDS, tuberculosis and malaria or those that support public health more broadly. Since 2001, the Global Fund has attracted US\$ 6.5 billion in financing through 2008. In its first four rounds of grant-making, the Fund Board has committed US \$3.1 billion in funding to support programs in 130 countries worldwide.

The Global Fund's purpose is to attract, manage and disburse resources to fight AIDS, tuberculosis and malaria; the Fund does not implement programs directly, which rely instead on the knowledge of local experts. As a financing mechanism, the Global Fund works closely with other multilateral and bilateral organizations, including UNAIDS, involved in health and development issues to ensure newly funded programs are coordinated with existing ones. In many cases, these partners participate in local Country

Coordinating Mechanisms (CCMs), and provide important technical assistance during the development of proposals and the implementation of programs. UNAIDS is a most significant technical and policy collaborator with the Fund in both of these areas, especially at the country level. The Global Fund is committed to relying on existing financial management, monitoring and reporting systems, where possible.

Apart from a high standard of technical quality, the Global Fund attaches no conditions to any of its grants. It is not an implementing agency, but instead relies on local ownership and planning to ensure that new resources are directed to programs on the frontline of this global effort to reach those most in need. Its performance-based approach to grant-making is designed to ensure that funds are used efficiently and create real change for people and communities. Independent organizations contracted by the Global Fund Secretariat monitor all programs to ensure that funding has a measurable impact in the fight against these three pandemics. The Global Fund actively seeks to complement the finance of other donors and to use its own grants to catalyze additional investments by donors and by

recipients themselves. In several countries, governments or other organizations like UNAIDS have already increased their support to programs that fight these three diseases.

The Global Fund is a key part of the President's Emergency Plan for AIDS Relief and the Administration's five-year strategy to combat HIV/AIDS around the world. The United States Government is responsible for approximately one-third of overall contributions to the Fund, and remains by far the largest donor to the Fund. The Fund's more than 300 grants in 127 countries allow the U.S. Government to leverage our bilateral resources and extend our reach into places our own programs might not otherwise effectively cover. From the Global Fund's inception, the U.S. Government has seen the Fund not only as an important partner and an opportunity to make U.S. resources go further, but also as a challenge to encourage greater investment of other donor countries, the private sector and individuals in the fight against HIV and AIDS. In recognition of the Global Fund's critical role in the fight against global AIDS and in the President's Emergency Plan, the U.S. Global AIDS Coordinator, Ambassador Randall L. Tobias, has accepted a significant leadership position as

Chairman of the Global Fund's Policy and Strategy Committee, and he and his team will continue to work alongside other donors and the Secretariat to make the Global Fund a success.

Despite the quantum increase in financing through Global Fund grants, there yet remain logistical and technical impediments to the success of those grants that either CCMS did not anticipate when they applied for Global Fund resources or that have arisen as the Principal Recipients of grants move to implement complicated aspects of their programs that involve, for example, procurement. The U.S. Government and UNAIDS have vested interests in seeing these impediments resolved, to ensure the Global Fund is successful.

Purpose:

The purpose of the program is to support recipients of Global Fund resources in their successful implementation of their effective HIV/AIDS programs. In particular, the U.S. Government and UNAIDS will jointly support CCMS and Principal Recipients to address technical, logistical and management-related impediments to full operation of their

Global Fund-financed HIV programs. Technical assistance will focus on grants in countries other than the 15 focus countries of the President's Emergency Plan for AIDS Relief, especially those grants identified by the Global Fund Secretariat's "early warning" system as being in acute need of help.

Goals of the President's Emergency Plan for AIDS Relief
This program is in support of the President's Emergency Plan for AIDS Relief, in that it contributes to successful global attainment of the Plan's goals to ensure that two million persons receive appropriate HIV/AIDS treatments, seven million new HIV infections are averted and ten million HIV orphans and others vulnerable to the impact of this pandemic are provided essential support. As forestated, the performance goals for the Emergency Plan will also guide the focus of this Agreement and its expected outcomes.

HHS/CDC/NCHSTP Performance Goals

Measurable outcomes of the program will be in alignment with the following performance goals for the National Center for HIV/STD/TB Prevention (NCHSTP) of the Centers for Disease Control and Prevention (CDC) within HHS: **Goal**

1: By 2010, work with other countries, international organizations, the Department of State, the U.S. Agency for International Development and other partners to achieve the UN General Assembly Special Session on HIV/AIDS (UNGASS) goal of reducing prevalence among persons 15 to 24 years of age; and **Goal 3:** Increase the proportion of HIV-infected people who are linked to appropriate prevention, care and treatment services.

United Nations Goals

The Emergency Plan goals reflect the U.S. Government's contribution to meeting the UNGASS goals and, ultimately, the internationally agreed development goals, including those contained in the UN Millennium Declaration.

The "Three Ones"

Therefore, it is expected that this Cooperative Agreement will synchronize collaborations between U.S. Government and UN support to country-level attainments of these goals. Activities supported through this Agreement will follow the principles outlined in the "Three Ones," itemized in an earlier section above.

This announcement is only for non-research activities. If applicants propose research, the HHS/CDC will not review

the application. For the definition of "research," please see the HHS/CDC web site at the following Internet address:
<http://www.cdc.gov/od/ads/opspoll1.htm>

Activities:

Awardee activities for this program are as follows:

1. Facilitate an annual meeting between the U.S. Government (through HHS) and the UN (through the UNAIDS Secretariat) to: a) establish annual guidance for the scope and direction for collaboration under this Agreement; b) choose Global Fund HIV/AIDS grants to which to provide technical assistance; c) develop strategic action steps, relative to activities, which are central to the cooperative agreement-supported collaboration; and d) develop a system for regular communication between the U.S. Government and UNAIDS, to ensure that decisions made relative to the operations of this Agreement be accomplished with both parties fully involved in the decision-making actions.
2. Collaborate with the U.S. Government to develop technical and administrative guidelines for a Programme Acceleration Fund (PAF) "mini-grants" program to facilitate field-based technical collaborations between the U.S. Government and the UN, in support of Global Fund HIV/AIDS

grants outside of the 15 focus countries of the President's Emergency Plan for AIDS Relief;

3. Using the PAF mechanism, ensure the most expeditious transfer of cooperative agreement resources to field-based executing agencies, based upon country-level or regional U.S. Government/UN approval of jointly-developed PAF proposals, and in concert with the intents of this Agreement, as defined by its "Leadership Body;"

4. Provide the programmatic flexibility to allow for the inclusion of Emergency Plan focus countries, provided local U.S. Government Emergency Plan teams use their own funding appropriations to supplement the resources of this Agreement;

5. Allow for financial supplementation of this Agreement to facilitate technical and programmatic collaboration on issues germane to successful implementation of Global Fund grants;

6. Ensure the field-based activities developed adhere to the "Three Ones" principles, as agreed upon by the U.S. Government and the UN; and

7. Provide technical and financial reports to HHS on a semi-annual basis, as well as programmatic evaluation at mid-term and completion points.

In a cooperative agreement, U.S. Government staff is substantially involved in the program activities, above and beyond routine grant monitoring.

U.S. Government Activities for this program are as follows:

1. Perform all basic technical and administrative cooperation expected for cooperative agreement administration;
2. Collaborate in the developing technical and management guidance to direct the overall agreement, as well as each activity that is supported through this cooperative agreement, according to the goals of the U.S. Government and UN goals described earlier as the bases for collaborative exchange and action.
3. Collaborate in the developing of technical and administrative guidelines for the Programme Acceleration Fund (PAF) and the identification of the Global Fund HIV/AIDS grants to receive assistance.
4. Fully participate in the review and monitoring of awards made through the "mini-grants" program in support of Global Fund HIV/AIDS grants.

II. Award Information

Type of Award: Cooperative Agreement.

HHS involvement in this program is listed in the Activities Section above.

Fiscal Year Funds: FY 2005

Approximate Total Funding: \$2,000,000 (This amount is an estimate, and is subject to availability of funds.)

Approximate Number of Awards: One

Approximate Average Award: \$2,000,000 million (This amount is for the first 12-month budget period, and includes both direct and indirect costs.)

Floor of Award Range: \$2,000,000

Ceiling of Award Range: \$2,000,000 (This ceiling is for the first 12-month budget period.)

Anticipated Award Date: September 15, 2005

Budget Period Length: 12 months

Project Period Length: Four years

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports and input from recipient government agencies), and the determination that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

III.1. Eligible applicants

Applications may only be submitted by the Joint United Nations Programme on HIV/AIDS (UNAIDS), or through a Bona Fide Agent, if necessary.

A Bona Fide Agent is an agency/organization identified by the applicant as eligible to submit an application under the UNAIDS eligibility, in lieu of an application submitted directly by UNAIDS. This may be done specifically in recognition that WHO is the Bona Fide Agent for UNAIDS, as it relates to the receipt of external funds for program implementation. In applying as a Bona Fide Agent of UNAIDS, WHO must provide a letter from UNAIDS as documentation of its status. Place this documentation behind the first page of your application form.

III.2. Cost Sharing or Matching

Matching funds are not required for this program.

III.3. Other

CDC will accept and review applications with budgets greater than the ceiling of the award range.

Special Requirements:

If your application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. You will be notified that your application did not meet submission requirements.

Late applications will be considered non-responsive. See section "IV.3. Submission Dates and Times" for more information on deadlines.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, or loan.

The Emergency Plan and UN goals, as previously described, will serve as the cornerstone for cooperative action. Your application will be expected to fully describe how these goals will be incorporated at key stages of intervention.

IV. Application and Submission Information**IV.1. Address to Request Application Package**

To apply for this funding opportunity use application form PHS 5161-1.

CDC strongly encourages you to submit your application electronically by utilizing the forms and instructions posted for this announcement at www.grants.gov.

Application forms and instructions are available on the CDC web site, at the following Internet address:

www.cdc.gov/od/pgo/forminfo.htm

If you do not have access to the Internet, or if you have difficulty accessing the forms on-line, you may contact the CDC Procurement and Grants Office Technical Information Management Section (PGO-TIM) staff at: 770-488-2700.

Application forms can be mailed to you.

IV.2. Content and Form of Submission

Application: You must submit a project narrative with your application forms. The narrative must be submitted in the following format:

- Maximum number of pages: Thirty (30). If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced
- Double spaced
- Paper size: 8.5 by 11 inches

- Page margin size: One inch
- Printed only on one side of page
- Numbered pages
- Submitted in English
- Held together only by rubber bands or metal clips; not bound in any other way.

Your narrative should address activities to be conducted over the entire project period, and must include the following items in the order listed:

- Program Plan. The program plan will include a description of your program and strategy, objectives, activities and timeline as follows:
- Program and Strategy. Provide a description of your proposed program and the strategy for implementation. Include a description of the administrative, financial, accounting and program management systems.
- Objectives. What are your objectives for addressing the general and focus area-specific activities?
- Activities. What are your proposed activities? These activities must relate to each of the objectives listed above.

- **Timeline.** Provide a timeline and list staff responsible for implementing activities in the first year.
- **Program Experience.** Describe your organization's program experience as it relates to the proposed activities in this program announcement. Address the methods that you have used to provide similar services in the past. Also include an explanation of how funds used in this cooperative agreement will be used differently, or in ways that will expand upon programs that are supported with existing or future funds. Address your organization's experience and capacity to provide technical assistance that responds effectively to the cultural and linguistic characteristics of your recipients. In answering this question, describe the types of services provided and list any culturally and linguistically appropriate curricula and materials that your organization has adapted or developed.
- **Management Plan and Organizational Structure.** Describe your management and staffing plan to conduct or support the essential components of this cooperative agreement. Include an organizational chart that reflects the current management structure and a

description of the roles, responsibilities and relationships of all staff supported through this cooperative agreement. Provide resumes of all key staff to demonstrate their qualifications (include in the appendix).

- Measures of Effectiveness. These must relate to the performance goals stated in the "Purpose" section of this announcement. Measures must be objective and quantitative, and must measure the intended outcome of this cooperative agreement.
- The Emergency Plan and UN goals, as previously described, will serve as the cornerstone for cooperative action. Your application will be expected to fully describe how these goals will be incorporated at key stages of intervention.
- Budget and Budget Justification (not included in page limit). Include a detailed and justified budget required to accomplish the objectives. If you are requesting indirect costs in your budget, you must include a copy of your approved indirect cost rate agreement. Justify all operating expenses in relation to the planned activities and stated objectives. CDC may not fund or approve all proposed activities. Be

precise about the program purpose of each budget item and itemize calculations wherever appropriate.

The following additional information should be included in the application appendices, if relevant. The appendices will not be counted toward the narrative page limit. This additional information includes:

- Curriculum Vitas/Resumes
- Organizational Charts
- A list of culturally and linguistically appropriate materials that are available, and are currently being delivered
- A description of funding from other sources (International, regional, local, private, etc.) to conduct similar activities. This should include a summary of current funds received, with the name of the sponsoring organization/source of income, level of funding, description of how funds have been used and budget period. Identify proposed personnel who will conduct and oversee the activities of this project, and all funding sources supporting these individuals (include their roles and responsibilities).

Additional information may be included in the application appendices.

You are required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access www.dunandbradstreet.com or call 1-866-705-5711.

For more information, see the CDC web site at:

<http://www.cdc.gov/od/pgo/funding/grantmain.pdf>

If your application form does not have a DUNS number field, please write your DUNS number at the top of the first page of your application, and/or include your DUNS number in your application cover letter.

Additional requirements that may require you to submit additional documentation with your application are listed in section "VI.2. Administrative and National Policy Requirements."

IV.3. Submission Dates and Times

Application Deadline Date: September 2, 2005

Explanation of Deadlines: Applications must be received in the CDC Procurement and Grants Office by 4:00 p.m. Eastern Time on the deadline date.

You may submit your application electronically at www.grants.gov. Applications completed online through Grants.gov are considered formally submitted when the applicant organization's Authorizing Official electronically submits the application to www.grants.gov.

Electronic applications will be considered as having met the deadline if the application has been submitted electronically by the applicant organization's Authorizing Official to Grants.gov on or before the deadline date and time.

If you submit your application electronically with Grants.gov, your application will be electronically time/date stamped, which will serve as receipt of submission. You will receive an e-mail notice of receipt when CDC receives the application.

If you submit your application by the United States Postal Service or commercial delivery service, you must ensure

that the carrier will be able to guarantee delivery by the closing date and time. If CDC receives your submission after closing due to: (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or (2) significant weather delays or natural disasters, you will be given the opportunity to submit documentation of the carrier's guarantee. If the documentation verifies a carrier problem, CDC will consider the submission as having been received by the deadline.

If you submit a hard copy application, CDC will not notify you upon receipt of your submission. If you have a question about the receipt of your application, first contact your courier. If you still have a question, contact the PGO-TIM staff at: 770-488-2700. Before calling, please wait two to three days after the submission deadline. This will allow time for submissions to be processed and logged.

This announcement is the definitive guide on application content, submission address, and deadline. It supersedes information provided in the application instructions. If your submission does not meet the deadline above, it will not be eligible for review, and will be discarded. You

will be notified that you did not meet the submission requirements.

IV.4. Intergovernmental Review of Applications

Executive Order 12372 does not apply to this program.

IV.5. Funding Restrictions

Restrictions, which must be taken into account while writing your budget, are as follows:

Funds may not be used for research.

Reimbursement of pre-award costs is not allowed.

Funds may not be used for construction costs.

Applicant may contract with other organizations under this cooperative agreement; however, the applicant must perform a substantial portion of the activities (including program management and operations and delivery of prevention services for which funds are requested).

- Funds may be spent for reasonable program purposes, including personnel, travel, supplies, and services. Equipment may be purchased if deemed necessary to accomplish program objectives, however, prior approval by CDC officials must be requested in writing.

- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.
- Funds may not be used to provide assistance to grants in countries on the U.S. List of State Sponsors of Terrorism (e.g. Cuba, Iran, North Korea, the Sudan, Syria) or Burma.
- All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.
- You must obtain annual audit of these CDC funds (program-specific audit) by a U.S. - based audit firm with international branches and current licensure/authority in-country, and in accordance

with International Accounting Standards or equivalent standard(s) approved in writing by CDC.

- A fiscal Recipient Capability Assessment may be required, prior to or post award, in order to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.
- Funds received from this announcement will not be used for the purchase of antiretroviral drugs for treatment of established HIV infection (with the exception of nevirapine in Prevention of Mother-to-Child Transmission (PMTCT) cases and with prior written approval), occupational exposures, and non-occupational exposures and will not be used for the purchase of machines and reagents to conduct the necessary laboratory monitoring for patient care.
- No funds appropriated under this act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- Prostitution and Related Activities
The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and

dehumanizing, and contribute to the phenomenon of trafficking in persons.

Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document ("recipient") cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides. A recipient that is otherwise eligible to receive funds in connection with this document to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the recipient has a religious or moral objection. Any information provided by recipients about the use of condoms as part of projects or activities that are funded in

connection with this document shall be medically accurate and shall include the public health benefits and failure rates of such use.

In addition, any recipient must have a policy explicitly opposing prostitution and sex trafficking. The preceding sentence shall not apply to any "exempt organizations" (defined as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization and its six Regional Offices, the International AIDS Vaccine Initiative or to any United Nations agency).

The following definition applies for purposes of this clause:

- Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. § 7102(9).

All recipients must insert provisions implementing the applicable parts of this section, "Prostitution and Related Activities," in all subagreements under this award. These provisions must be express terms

and conditions of the subagreement, must acknowledge that compliance with this section, "Prostitution and Related Activities," is a prerequisite to receipt and expenditure of U.S. government funds in connection with this document, and must acknowledge that any violation of the provisions shall be grounds for unilateral termination of the agreement prior to the end of its term. Recipients must agree that HHS may, at any reasonable time, inspect the documents and materials maintained or prepared by the recipient in the usual course of its operations that relate to the organization's compliance with this section, "Prostitution and Related Activities."

All prime recipients that receive U.S. Government funds ("prime recipients") in connection with this document must certify compliance prior to actual receipt of such funds in a written statement that makes reference to this document (e.g., "[Prime recipient's name] certifies compliance with the section, 'Prostitution and Related Activities.'") addressed to the agency's grants officer. Such certifications by prime recipients are prerequisites

to the payment of any U.S. Government funds in connection with this document.

Recipients' compliance with this section, "Prostitution and Related Activities," is an express term and condition of receiving U.S. government funds in connection with this document, and any violation of it shall be grounds for unilateral termination by HHS of the agreement with HHS in connection with this document prior to the end of its term. The recipient shall refund to HHS the entire amount furnished in connection with this document in the event HHS determines the recipient has not complied with this section, "Prostitution and Related Activities."

If you are requesting indirect costs in your budget, you must include a copy of your indirect cost rate agreement. If your indirect cost rate is a provisional rate, the agreement should be less than 12 months of age.

Guidance for completing your budget can be found on the CDC web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

IV.6. Other Submission Requirements

Application Submission Address:

CDC strongly encourages applicants to submit electronically at: www.grants.gov. You will be able to download a copy of the application package from www.grants.gov, complete it offline, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted. If you are having technical difficulties in Grants.gov, they can be reached by e-mail at support@grants.gov or by phone at 1-800-518-4726 (1-800-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday.

CDC recommends that you submit your application to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of your application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV.3. of the grant announcement. The paper submission must be clearly marked: "BACK-UP FOR ELECTRONIC SUBMISSION."

The paper submission must conform to all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

It is strongly recommended that you submit your grant application using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.). If you do not have access to Microsoft Office products, you may submit a PDF file. Directions for creating PDF files can be found on the Grants.gov web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

OR

Submit the original and two hard copies of your application by mail or express delivery service to:

Technical Information Management - 05033

CDC Procurement and Grants Office

2920 Brandywine Road

Atlanta, GA 30341

United States of America

V. Application Review Information

V.1. Criteria

Applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures must be objective and quantitative, and must measure the intended outcome. These measures of effectiveness must be submitted with the application and will be an element of evaluation.

Your application will be evaluated against the following criteria:

1. Plan (30 Points)

Do the plan's objectives respond to the priorities for U.S. Government/UN collaboration, as highlighted as key to this project? Does the applicant display knowledge of the Global Fund's policies and programs? Is the plan adequate to carry out the proposed objectives? How complete and comprehensive is the plan for the entire project period? Does the plan include quantitative process and outcome measures?

2. Methods (30 Points)

Are the proposed methods feasible? Do the proposed methods describe how the "Three Ones" will direct the way in which country-level activities will be undertaken to support the harmonized delivery of joint U.S. Government/UN interventions? Do the proposed methods offer a clear indication of how to offer effective technical assistance to Global Fund HIV/AIDS grants? To what extent will they accomplish the program goals?

3. Personnel (20 Points)

Do the staff members have appropriate experience? Are the staff roles clearly defined? As described, will the staff be sufficient to accomplish the program goals?

4. Need (20 Points)

To what extent does the applicant justify the need for this program within the target community?

5. Budget and Justification (Reviewed, but not scored)

V.2. Review and Selection Process

Applications will be reviewed for completeness by the Procurement and Grants Office (PGO) staff and for responsiveness by the NCHSTP GAP. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified that their application did not meet submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in the "V.1. Criteria" section above. The review panel will be comprised of HHS employees with direct experience in collaboration with the Global Fund and UNAIDS. Each panel member will be requested to review the proposal and submit written comments, including recommendations on whether to approve as is, approve with modifications or to reject. Approval for funding will be granted only upon an affirmative majority vote. All persons serving on the panel will be external to NCHSTP.

V.3. Anticipated Announcement and Award Dates

September 15, 2005

VI. Award Administration Information

VI.1. Award Notices

Successful applicants will receive a Notice of Award (NoA) from the HHS/CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and HHS/CDC. The NoA will be signed by an authorized Grants Management Officer, and mailed to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

VI.2. Administrative and National Policy Requirements

45 CFR Part 74 and Part 92

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

The following additional requirements apply to this project:

- AR-4 HIV/AIDS Confidentiality Provisions
- AR-6 Patient Care
- AR-10 Smoke-Free Workplace Requirements

- AR-12 Lobbying Restrictions

Additional information on these requirements on the HHS/CDC web site at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/ARs.htm>.

Additional Certifications form from the PHS 5161-1 application in your Grants.gov electronic submission only. Please refer to <http://www.cdc.gov/od/pgo/funding/PHS5161-1-Certificates.pdf>. Once you have filled out the form, please attach it to your Grants.gov submission as Other Attachment Forms.

VI.3. Reporting Requirements

You must provide CDC with an original, plus two hard copies of the following reports:

1. Semi-Annual Progress Report, due not later than six (6) months after the beginning of the budget period.

This progress report must contain the following elements:

- a. Current Budget Period Activities, Objectives, and Progress.
- b. Current Budget Period Financial Progress.
- c. Measures of Effectiveness.

- d. Additional Requested Information.
- 2. Interim Progress Report, due no less than 90 days before the end of the budget period. This progress report will serve as your non-competing continuation application for each budget period except the last. The Interim Progress Report must contain the following elements:
 - a. Current Budget Period Activities, Objectives, and Progress.
 - b. Current Budget Period Financial Progress.
 - c. New Budget Period Proposed Program Activities and Objectives.
 - d. Budget and Justification for new Budget Period.
 - e. Measures of Effectiveness.
 - f. Additional Requested Information.
- 3. Financial Status Report, due no more than 90 days after the end of the budget period.
- 4. Final financial and performance reports, no more than 90 days after the end of the project period.

These reports must be mailed to the Grants Management or Contract Specialist listed in the "Agency Contacts" section of this announcement.

VII. Agency Contacts

We encourage inquiries concerning this announcement.

For general questions, contact:

Technical Information Management Section
CDC Procurement and Grants Office
U.S. Department of Health and Human Services
2920 Brandywine Road
Atlanta, GA 30341
Telephone: 770-488-2700

For program technical assistance, contact:

Kathy Grooms, Country Program Officer
CDC, NCHSTP, Global AIDS Program
1600 Clifton Road, MS E-04
Atlanta, GA 30333
Telephone: 404-639-8394
Email: Kgrooms@cdc.gov

For financial, grants management, or budget assistance,
contact:

Vivian Walker, Contract Specialist
CDC Procurement and Grants Office
U.S. Department of Health and Human Services
2920 Brandywine Road

Atlanta, GA 30341

Telephone: 770-488-2724

E-mail: vwalker@cdc.gov

VIII. Other Information

This and other HHS funding opportunity announcements on the HHS/CDC web site, Internet address: www.cdc.gov (Click on "Funding" then "Grants and Cooperative Agreements"), and on the web site of the HHS Office of Global Health Affairs, Internet address: www.globalhealth.gov.

Dated:

William P. Nichols, MPA

Director

Procurement and Grants Office

Centers for Disease Control

and Prevention

U.S. Department of Health and

Human Services